

SILVER 77 PLANS



Check out VermontHealthConnect.gov
or call 1-855-899-9600 (toll-free).

Facebook: Vermont Health Connect



THREE STEPS TO CHOOSING A HEALTH PLAN



**STEP 1
BRUSH UP ON HEALTH
INSURANCE BASICS.**

Think about the kinds of medical care and prescriptions you need now and in the future. Some good resources to get started are at VermontHealthConnect.gov.



**STEP 2
SEE IF YOU QUALIFY FOR
FINANCIAL HELP.**

Take 10 minutes with our Plan Comparison Tool to see monthly payments, likely out-of-pocket costs, and financial help to lower your bills. The Plan Comparison Tool is at VermontHealthConnect.gov.



**STEP 3
MAKE YOUR CHOICE.**

Use the information from steps 1 and 2 to help you decide which plan is right for you. These plan brochures have detailed information and can help guide you.

OTHER PLAN BROCHURES: PLATINUM & GOLD, SILVER 73, SILVER 77, SILVER 87, SILVER 94, BRONZE

IF YOU MISSED STEPS 1 OR 2, CLICK ON 'GET STARTED' AT VERMONTHEALTHCONNECT.GOV,
CALL US AT 1-855-899-9600 (TOLL-FREE), OR MAKE AN APPOINTMENT WITH AN ASSISTER NEAR YOU.

DVHA does not exclude people from its programs, deny them benefits, or treat them unfairly because of race, color, national origin, age, disability, or sex.

ATTENTION: Si vous parlez français,
des services d'aide linguistique vous sont
proposés gratuitement. Appelez le
1-855-899-9600 (ATS : 711). (French)

ATENCIÓN: si habla español, tiene
a su disposición servicios gratuitos
de asistencia lingüística. Llame al
1-855-899-9600 (TTY: 711). (Spanish)



Vermont Health Connect is
Vermont's Health Insurance Marketplace.



**BlueCross BlueShield
of Vermont**

An Independent Licensee of the Blue Cross and Blue Shield Association.

Health benefit plans offered by:



		Standard Plans			Blue Rewards	MVP VT Plus	IMPORTANT INFORMATION	
2018 SILVER 77 PLANS		Silver 77%	Silver CDHP 77% (HDHP)		Silver 77%	Silver 77	All Vermont Health Connect plans cover the same set of essential health benefits. The difference is in how you pay for these benefits. Standard plans have the same designs across insurance carriers, while Blue Rewards and MVP VT Plus plans were uniquely designed by their carriers, with an emphasis on wellness. Before selecting a health plan, be sure to check the out-of-pocket costs for prescription drugs and medical services.	
On average, these plans cover 77% of health care costs. You may qualify for lower out-of-pocket costs. Check the Subsidy Estimator at VermontHealthConnect.gov.		BCBSVT & MVP	BCBSVT	MVP	BCBSVT ⁴	MVP ⁴		
Deductible & Maximum Out-of-Pocket		Individual/Family	Individual/Family ³ Can be paired with a Health Savings Account	Individual/Family ³ Can be paired with a Health Savings Account	Individual/Family	Individual/Family		
Cost-Sharing Reductions Available for Individuals Who Qualify		Yes	Yes	Yes	Yes	Yes	If your income qualifies and you buy a silver-level plan, you may benefit from lower out-of-pocket costs (more like a gold or platinum plan) at the price of a silver plan. Only available with silver plans.	
Deductible	Integrated Deductible	No	Yes - \$1,300/\$2,600	Yes - \$1,350/\$2,700	Yes - \$1,000/\$2,000	No	If integrated, prescription (Rx) expenses and medical expenses both contribute to a single deductible.	
	Medical Deductible	\$2,000/\$4,000	See Integrated (above)	See Integrated (above)	See Integrated (above)	\$300/\$600	The deductible for medical services (doctor appointments, hospital stays, etc.).	
	Medical Deductible waived for	Preventive, Office Visits, Urgent Care, Ambulance	Preventive	Preventive	Preventive, 3 Office Visits	Preventive, 3 Primary Care or Mental Health Office Visits	The health plan pays for these services even before you meet your deductible. You just pay the co-pay below.	
	Prescription (Rx) Deductible	\$200/\$400	See Integrated (above)	See Integrated (above)	See Integrated (above)	\$100/\$200	The deductible for prescription drugs.	
	Rx Deductible Waived for	Generic Drugs	Wellness Drugs	Wellness Drugs	Not Waived	Not Waived	Items that are covered prior to the prescription deductible being met. Wellness drugs are prescribed to prevent a disease or condition or help you manage an existing issue. Value-Based Insurance Design (VBID) covers maintenance medication for members with some chronic conditions. You just pay the co-pay below.	
Max Out-of-Pocket	Integrated Max Out-of-Pocket	Yes - \$4,500/\$9,000	Yes - \$3,000/\$6,000	Yes - \$3,000/\$6,000	Yes - \$5,200/\$10,400	No	If integrated, prescription (Rx) expenses contribute to overall maximum out-of-pocket as well as Rx maximum out-of-pocket.	
	Medical Max Out-of-Pocket	See Integrated (above)	See Integrated (above)	See Integrated (above)	See Integrated (above)	\$4,500/\$9,000	The most individuals or families will pay for covered services per year.	
	Rx Max Out-of-Pocket	\$1,000/\$2,000	\$1,350/\$2,700	\$1,350/\$2,700	\$1,350/\$2,700	\$1,300/\$2,600	The most individuals or families will pay for prescription drugs per year.	
Family Deductible/Max Out-of-Pocket (Stacked/Aggregate/Embedded)		Stacked Deductible/Stacked MOOP	Aggregate Deductible/Embedded MOOP	Aggregate Deductible/Aggregate MOOP	Aggregate Deductible/Embedded MOOP	Stacked Deductible/Stacked MOOP	Doesn't apply to individual plans. With aggregate, you must meet the family amount before the plan pays benefits. With stacked, the plan pays benefits once you meet your individual or family amount. An embedded MOOP ensures that no individual pays more than \$7,350 in out-of-pocket costs (a requirement for all qualified health plans).	
SERVICE CATEGORY		Co-pay(\$)/ Co-insurance (%)	Co-pay(\$)/ Co-insurance (%)	Co-pay(\$)/ Co-insurance (%)	Co-pay(\$)/ Co-insurance (%)	Co-pay(\$)/ Co-insurance (%)	Categories for the different types of care provided by the plans. Co-pay=\$ you pay / Co-insurance=% you pay	
Preventive (Prev)		\$0	\$0	\$0	\$0	\$0	Care that includes screenings, tests, and counseling to prevent you from getting sick or to detect health conditions early. For lists of preventive services, go to VermontHealthConnect.gov and click on 'Health Plans.'	
Office Visit (OV)	Primary Care Physician or Mental Health	\$20	Deductible, then 10%	Deductible, then 10%	3 visits, then deductible, then \$30	3 visits at \$10, then deductible, then \$10	Office visit with a primary care provider or mental health professional.	
	Specialist Office Visit	\$40	Deductible, then 25%	Deductible, then 25%	Deductible, then \$50	Deductible, then \$40	Office visit with a care provider who focuses on a specific area of medicine (e.g. dermatologist), as well as physical therapy, occupational therapy, and covered alternative treatment benefits.	
Urgent Care (UC)		\$50	Deductible, then 25%	Deductible, then 25%	Deductible, then \$50	Deductible, then \$40	A type of walk-in clinic open seven days a week that primarily treats injuries or illness requiring immediate care, but not serious enough to require an ER visit.	
Ambulance (Amb)		\$100	Deductible, then 25%	Deductible, then 25%	Deductible, then \$50	Deductible, then \$100	Cost of an ambulance in case of emergency.	
Emergency Room (ER)		Deductible, then \$250	Deductible, then 25%	Deductible, then 25%	Deductible, then \$400	Deductible, then \$100	Emergency services you get in an emergency room. ER co-pay/co-insurance is waived if you are admitted to hospital.	
Hospital Services		Deductible, then 40%	Deductible, then 25%	Deductible, then 25%	Deductible, then \$1,500	Deductible, then 30%	Includes: Inpatient (including surgery, ICU/NICU, maternity, skilled nursing facilities, mental health, and substance abuse); Outpatient (including ambulatory surgery centers); Radiology (MRI, CT, PET).	
Rx DRUG COVERAGE (30-day supply)		Co-pay(\$)/ Co-insurance (%)	Co-pay(\$)/ Co-insurance (%)	Co-pay(\$)/ Co-insurance (%)	Co-pay(\$)/ Co-insurance (%)	Co-pay(\$)/ Co-insurance (%)	Different levels of prescription drug coverage offered by the plan.	
Rx Generic		\$12	Deductible, then \$10	Deductible, then \$10	Deductible, then \$5	Deductible, then \$5	"Generic" typically applies to prescription drugs that have the same active ingredient formulas as brand-name drugs.	
Rx Preferred Brand		Deductible, then \$60	Deductible, then \$40	Deductible, then \$40	Deductible, then 40%	Deductible, then 40%	"Preferred" and "Non-preferred" are set by each insurance carrier. To find how specific drugs are categorized, go to VermontHealthConnect.gov and click on "Health Plans" or call BCBSVT (800-247-2583) or MVP (844-865-0250). For an exact list of medications in each category, please refer to the carriers' drug lists at http://info.healthconnect.vermont.gov/healthplans#Rx .	
Rx Non-Preferred Brand		Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 60%	Deductible, then 40%		
ADDITIONAL BENEFITS							This is a partial list. See additional benefits in each plan's Summary of Benefits and Coverage.	
Pediatric Dental & Vision		Yes	Yes, after deductible	Yes, after deductible	Yes, after deductible	Yes, after deductible	Included in the medical plan for children up to 21. Some services are subject to the medical deductible. See plan materials for details.	
Wellness Benefits								
MONTHLY PREMIUMS BY TIERS		Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy		
SINGLE	BCBSVT	\$561.02	\$571.48	N/A	549.55	N/A	FINANCIAL HELP: APTC & CSR If you buy health insurance on your own (not through your employer), you may qualify for financial help. For example, a family of four with an income of up to \$98,400 may qualify for Advanced Premium Tax Credits (APTC) to help pay for premiums. A family of four with an income up to \$73,800 may also qualify for lower out-of-pocket costs through Cost-Sharing Reductions (CSR). This means that instead of covering 70% of health care costs on average, the enhanced silver plan will cover between 73% and 94% of costs. You can use APTC to purchase a plan in any metal level, but you can only get CSR with silver plans. To see how your particular premiums and out-of-pocket costs might be reduced, see the Subsidy Estimator at VermontHealthConnect.gov or call 1-855-899-9600 (toll-free).	REMINDER Once confirmed, plan selections cannot be changed until the next open enrollment period, unless someone in your household has a qualifying event, such as a birth, death or a new job. If your health coverage is cancelled due to non-payment, you may not be able to get coverage again until the following January.
	MVP	\$528.79	N/A	\$505.48	N/A	474.08		
COUPLE	BCBSVT	\$1,122.04	\$1,142.96	N/A	\$1,099.10	N/A		
	MVP	\$1,057.58	N/A	\$1,010.96	N/A	\$948.16		
PARENT AND CHILD(REN)	BCBSVT	\$1,082.77	\$1,102.96	N/A	\$1,060.63	N/A		
	MVP	\$1,020.56	N/A	\$975.58	N/A	\$914.97		
FAMILY	BCBSVT	\$1,576.47	\$1,605.86	N/A	\$1,544.24	N/A		
	MVP	\$1,485.90	N/A	\$1,420.40	N/A	\$1,332.16		

¹ BCBSVT Standard Silver has a \$300 Rx Deductible per person, while the Rx Deductible for MVP Standard Silver is \$300 for a single plan or \$600 for all other tiers.

² Combined 3/6/9 visits PCP/MH with no cost-share; then deductible applies with \$30 co-pay.

³ High-deductible health plans (HDHP) can be combined with a health savings account (HSA) to allow you to pay for qualified out-of-pocket medical expenses on a pre-tax basis.

⁴ Costs may vary by service. Please consult your issuer's documents for complete details.